

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/22/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND HOUSE REHABILITATION AND HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1700 PAMALEE DRIVE FAYETTEVILLE, NC 28301</b>
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K 000	INITIAL COMMENTS  This Life Safety Code(LSC) survey was conducted utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration.  Stories: one Construction Type: II(222) Constructed: 1991 Fully Sprinkled : yes Total Certified Bed Count = 106 Census = 90	K 000		
K 232 SS=E	NFPA 101 Aisle, Corridor, or Ramp Width  Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This STANDARD is not met as evidenced by: Based on observations, on 03/22/2017 at approximately 8:30AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:  1. lift in corridor by room 118 is being charged. a) blocking handrail.	K 232	1. Corrective Action - The lift in the corridor by room 118 was removed immediately on 3/22/2017 by the charge nurse. The wheelchair and wash chair in the corridor by room 23 were removed immediately by housekeeping on	3/22/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>04/06/2017</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 232	Continued From page 1 b) obstruction path to exit. 2. wheelchair and wash chair being stored on corridor by room 23.  NFPA 101, 19.2.3.4  This deficiency affected two compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 232	3/22/2017.  2. Id of others - All corridors were checked to make certain they were clear and unobstructed by the maintenance dept on 3/22/2017. Hand rails were checked to make certain there was nothing blocking them by maintenance dept on 3/22/2017. Corridors are clear and residents have easy access to hand rails.  3. Measures - Maintenance Director reviewed LSC standards with his dept and housekeeping dept on 3/22/2017. Staff is aware there is to be no obstruction in path to exit in any corridor, and handrails will not be blocked at any time. Easy access for residents at all times. Maintenance dept and/or housekeeping will check corridors/hand rails 2 times a week to ensure compliance. Staff is aware to notify maintenance or housekeeping when there is equipment and chairs not in use that need to be stored.  4. Monitor - Corridors and access to hand rails will be monitored monthly as part of the facility safety inspections conducted by the Maintenance Director or designee. Results of the facility safety inspections will be presented by the Administrator or designee at the monthly QA Committee meeting. Any instances of noncompliance with blocking handrails or obstructing the corridors will be analyzed to determine when it occurred; how it occurred; why it		

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K 232	Continued From page 2	K 232	occurred and a responsive action will be taken.	3/22/17
K 363 SS=E	<p>NFPA 101 Corridor - Doors</p> <p>Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p>	K 363		

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K 363	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observations, on 03/22/2017 at approximately 8:30AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include: door to transportation room that opens to corridor is being held open with wooden edge.</p> <p>NFPA 101, 19.3.6.3</p> <p>This deficiency affected one compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 363	<p>1. Corrective Action- Maintenance immediately removed the wedge at the transportation office door to ensure that it closed completely on 03/22/17.</p> <p>2. Id. of Others- The remaining doors that should close were evaluated by maintenance on 03/22/17 - 03/24/17 to ensure proper closing. No other impediment of non-closing situations were found.</p> <p>3. Measures- A new sign was placed on the door of the transportation office on 03/22/16 to ensure staff is more aware of the importance of keeping the door closed.</p> <p>The transportation staff members were counseled beginning on 03/23/17 by their supervisor regarding the standard.</p> <p>Unit Managers, housekeeping/laundry supervisor and maintenance department will check doors at least weekly for next three (3) months to ensure compliance.</p> <p>4. Monitor- Doors will be monitored monthly as part of the facility safety inspections conducted by the Maintenance Director or designee. Results of the facility safety inspections will be presented by the Administrator or designee at the monthly QA Committee meeting. Any instances of noncompliance with non-closing doors will be analyzed to determine when it occurred; how it</p>		

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K 363	Continued From page 4	K 363	occurred; why it occurred and a responsive action will be taken.	4/12/17	
K 918 SS=E	<p>NFPA 101 Electrical Systems - Essential Electric System</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p>	K 918			

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K 918	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observations, on 03/22/2017 at approximately 8:30AM onward, the following deficiencies were noted: The standard is non-compliant, specific findings include:1. The facility had an emergency generator to supply alternate power to the facility in the event of a power loss. The emergency generator was not equipped with a remote manual stop station to prevent inadvertent or unintentional operation of the generators. The manual shutdown switch should be located external to the generator and should be appropriately identified.</p> <p>2012 NFPA 101 Sections 19.2.9.1, 7.9.2.4 2010 NFPA 110, 5.6.5.6 All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed, or elsewhere on the premises where the prime mover is located outside the building. 2010 NFPA 110, 5.6.5.6.1 The remote manual stop station shall be labeled.</p> <p>This deficiency affected generator area only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 918	<p>1. Corrective Action - A remote manual shutdown switch will be installed on the exterior entry of the emergency generator by Ezzell Electric on 4/12/2017.</p> <p>2. Id. of others - The shutdown switch will be appropriately labeled per LSC standards by Ezzell Electric on 4/12/2017 so that it is easily identifiable.</p> <p>3. Measures - Staff has been made aware of the manual shutdown switch. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components has been established according to manufacturer requirements by Ezzell Electric. Records of maintenance and testing of the emergency generator are maintained and readily available in the maintenance dept.</p> <p>4. Monitor - Maintenance and testing of the generator and transfer switches are performed by the maintenance dept and Ezzell Electric per LSC standards. The emergency generator is inspected and monitored weekly by the maintenance dept as part of the facility safety inspections. Results of the facility safety inspections are presented by the Administrator or designee at the monthly QA Committee meeting. Any issues notified are corrected immediately by the maintenance dept</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 918	Continued From page 6	K 918	and/or Ezzell Electric.		